

LEARNING PLAN /EVALUATION

Name of Student:

W.EX. Level:

Employer / Supervisor:

Job Title:

Off-campus Coordinator:

Employer: Please evaluate the student as you would a novice worker in your employ. Check N/A for any employability skill that does not apply. Please consider the student's Work Experience level when evaluating.

EMPLOYABILITY SKILLS	Excellent	Good	Satisfactory	Needs Improvement	N/A
Safety Skills					
Identifies potential health and safety hazards					
Assures personal safety					
Uses correct safety equipment					
Reports injuries/incidents if they occur					
Maintains safe workplace environment					
Personal Management					
Dresses appropriately					
Attends work when scheduled/punctual					
Is responsible					
Makes informed decisions					
Working with Others					
Communicates effectively					
Works well as a member of a team					
Demonstrates tolerance and understanding					
Asks questions when uncertain					
Thinking, Planning and Organizing					
Solves problems and makes decisions					
Demonstrates planning abilities					
Organizes time/work					
Managing Transitions					
Takes responsibility for own learning					
Is able to adapt to change					
Managing Change					
Demonstrates flexibility					
Accepts praise and criticism well					

WORKPLACE SKILLS

For workplace skills, please evaluate the extent to which the student has achieved the objectives of this work placement. If there are skills listed, not in the student's job description, please indicate with N/A. List, in the additional spaces below, duties assigned to this student that are not included in the job description.

WORKPLACE SKILLS	Excellent	Good	Satisfactory	Needs Improvement	N/A

OVERALL RATING	Excellent	Good	Satisfactory	Needs Improvement

Student's strengths in this work placement:

Recommendations for improvement:

Supervisor's Signature: _____ Date: _____